### STATE OF NEW HAMPSHIRE

### 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

#### PLEASE PRINT

I. Name of Lobbyist(s) Amy Bradley, Sam Levy, Sarah Higginbotham					
II. Name of lobby	rist's partnership, firm or co	rporation, if an	y:		
Everytown for Gur	Safety Action Fund			•	
	(Name of partnership, firm or cor	poration)	···	<del></del>	
PO Box 4184		New York	NY	10163	
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)	
( 646) _ 324-8250	(917)	410-6932	e-mail lobbyre	g@everytown.org	
(Telepho	ne)	(Fax)			
reportable expen	nt covers: (Choose one – file se transactions which are no transactions occurring in the n	t attributable to	any one client).	may file a separate report for the following client:	
Everytown for (	Gun Safety Action Fund				
	(Full Name of Client as it a	ppears on the Lob	byist Registration Form)		
OR ☐ All reportable t	ransactions by the lobbyist (in	cluding the lobb	yist's family), or the lobby	ying firm listed below which are	
unrelated to any pa		Ū.	, , , , , , , , , , , , , , , , , , ,		
IV. Date of Reports cover:	rt April 25, 2018	to 3/31/18	July 25, 2018	V18	
	October 31, 2018  activity from 7/1/18 to 9/30/	18	January 30, 2019 [ activity from 10/1/18 to 12		
	een no fees received and reed, complete just this form and				
VI. Check if addi	tional reports are attached:				
_	ceived fees or made expenditu	res, you must file	e Addendum A- Fees and	l Expenses	
☐ If you have pa Expense Reimburs	aid an honorarium or reimburse sement	ed expenses, you	must file Addendum B-	Report of Honorariums or	
☐ If you, your fi	rm, or your family has made p	olitical contribut	ions, you must file Adden	ndum C- Political Contributions	
I have read RSA I	e best of my knowledge and b	RSA 664 and her elief. ————————————————————————————————————	eby swear or affirm that the $\frac{4/25/18}{(1)}$	he foregoing information is true  Date)	
(Print Name of lo	bbyist)	<del></del>			





## STATE OF NEW HAMPSHIRE

#### **Lobbyists Fees and Expenses** Addendum A

(RSA Chapter 15:6)

# RECEIVED

MAY 07 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

	ACI VIVIU
Name of Lobbyist(s)Amy Bradley, Sam Levy, Sarah Higginbotham	
11. Name of lobbyist's partnership, firm or corporation, if any:	
Everytown for Gun Safety Action Fund	
(Name of partnership, firm or corporation)	
III. Name of ClientEverytown for Gun Safety Action Fund	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ <u>23,534.49</u>
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ 0
c) Total of all fees received to date (Add lines a and b)	c) \$ 23,534.49
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of lesseing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid epenses; (b) the aggregate total of all e: meals purchased during a business as than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for he of greater than \$25, purchase of a er than \$25, but not greater than \$50 expense reimbursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 4,784.49
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ 0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ _18,750.00

)	d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
	e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
	f) Total of all expenses year to date	f) \$ _23,534.49
	VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from period, including by whom paid or to whom charged.	lobbying fees during this rep
	Paid to:	Amount:
	Demers, Blaisdell & Prasol Inc.	· \$ 18,750.00
		\$
		\$
		\$
		\$
		\$
		<b></b>
	•	
	Sworn Statement/Affirmation by Lobbyist	
	I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affinistrue and complete to the best of my knowledge and belief.	rm that the foregoing info
	Sacolofon Sh	4/25/18

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## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Everytown for Gun Safety Action Fund
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): Everytown for Gun Safety Action Fund
Date of Report (check one):
April 25, 2018 July 25, 2018 October 31, 2018 January 30, 2019
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
(Signature of Jobbyist) (Date)
Sam Levy
(Print Name of lobbyist)

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying par	tnership, firm, or corpo	ration: Everytown for Gun S	afety Action Fund
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client): Every	town for Gun Safety Action	on Fund	
Date of Report (check	one):		·
April 25, 2018	July 25, 2018 🛚	October 31, 2018 🗆	January 30, 2019 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A(s	).		
Addendum B(s	<b>)</b>		
Addendum C(s	).		
I hereby swear or affirm complete to the best of (Signature-of-lobbyist)			and each Addendum is true and
Amy Bradley			
(Print Name of lobbyis	r)		